	•						-						
PATENT APPLICATION DEE DETERMINATION R								ORD	Application or Docket Number				
· Effective December 8, 2004								101568501					
CLAIMS AS FILED - PART I								SMALL EN	ITITY	-/-	021122		
L	-,-		(Column	1)	(Column 2)			TYPE		OR		R THAN ENTITY	
U.S. NATIONAL STAGE FEES								RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAR	IGE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	12X	
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100			ther situations = \$ 100 / \$ 200		EXAM FEE		1	EXAM FEE	104	
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			ther situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	47	
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/50 =		X \$ 125 =		1	X \$ 250 =	1/0	
TOTAL CHARGEABLE CLAIMS			. S mini	us·20 =	•			X \$ 25 =	 	OR	X \$ 50 =		
INDEPENDENT CLAIMS				nus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
		DENT CLAIM PR						+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	9111	
3-9-0 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGH NUME PREVIO PAID I		ER PRESENT USLY EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	- 2	Ö	=	ſ	X \$ 25 =		OR	X \$ 50 =	7	
	Independent	2	17711103	" 3		= /	ſ	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
·							-	FEE		OR	TOTAL ADDIT		
Z-16-0 (Column 1) (Column 2) (Column 3)								•					
NT B		CLAIMS REMAINING AFTER AMENDMENT		MIGHE: NUMBE PREVIOU PAID FO	ST R ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	• 19	Minus **	20	0	•	ſ	X \$ 25 =		OR	X \$ 50 =	7	
NA NA	independent	· 2	Minus **	3		= /.		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\cdot \Gamma$	+ \$ 180 =		OR	+ \$ 360 =	-/- 	
								OTAL ADDIT.		OR T	TOTAL ADDIT.		
	•		•		-						-		
# If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ## If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". ### "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
		,,	,		ringi N		ute a	ANALOBUSE POX	in column 1.			1	

FORM PTO-875 (Rev. 02/2005)

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